HOTEL RESERVATION – ESREF 2001

Please send this form before September 15th to

PALAIS DES CONGRES D'ARCACHON Boulevard Veyrier Montagnères - F 33120-ARCACHON TEL.: 33 05 56 22 47 00 - FAX: 33 05 56 22 55 55

EMAIL: catherine.corbiere@wanadoo.fr

FAMILY NAME:		First Name:	
Company :Address :			
Zip code : Town Phone: E.mail :	. Fax :		:
I wish to receive			l Air France
HOTEL CATEGORY	SINGLE ROOM	DOUBLE ROOM	COMPULSORY DEPOSIT + BOOKING FEES
☐ 3 * ☐ 2 * ☐ 1 * (3 km from Palais)	☐ 400 to 450 FF ☐ 300 FF ☐ 194 FF	☐ 450 to 510 FF ☐ 350 FF ☐ 219 FF	400 + 130 = 530 FF 300 + 130 = 430 FF 194 + 130 = 324 FF
I wish to reserve room(s) forperson(s)			☐ 1 bed ☐ 2 beds
for the following nights: Arrivals date:/		Departure date :/	
PAYMENT:			
. Cheque <u>in FF</u> payable :	to "S.A. PALATIUM"		
. Bank transfer : join cop	<u>อv</u> of the bank transfe	r sent to the account :	
Bank: CREDIT LYONNAI Account: 0000072119V The bank charges mus By credit cards: MAS	Key : 24 st be added to the	4 above amount. Any	difference will be asked on site.
N° :			
DATE	SIGNATURE		

GENERAL INFORMATION

ALL RESERVATION must be accompanied by a deposit. Reservation will be effective only if deposit payment has been ma. This deposit, <u>minus reservation fees (130 FF)</u>, will be forwarded to your hotel. You shall pay your bill before checking out.

CANCELLATION: for all cancellation received by September 15th, total reimbursement will be made minus FF 130 reservation fees